

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000005934

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: PARTNERED BEVERAGES LLC

**Current Principal Place of Business:**

5500 CENEX DRIVE  
INVER GROVE HEIGHTS, MN 55077

**New Principal Place of Business:**

**Current Mailing Address:**

5500 CENEX DRIVE  
INVER GROVE HEIGHTS, MN 55077

**New Mailing Address:**

FEI Number: 20-5706238

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CHS INC  
Address: 5500 CENEX DRIVE  
City-St-Zip: INVER GROVE HEIGHTS, MN 55077

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P ( ) Change (X) Addition  
Name: BRAATEN, GARY  
Address: 5500 CENEX DRIVE  
City-St-Zip: INVER GROVE HEIGHTS, MN 55077 US

Title: VP ( ) Change (X) Addition  
Name: CUMMINGS, RICK  
Address: 5500 CENEX DRIVE  
City-St-Zip: INVER GROVE HEIGHTS, MN 55077 US

Title: S ( ) Change (X) Addition  
Name: OSTENDORF, DAN  
Address: 5500 CENEX DRIVE  
City-St-Zip: INVER GROVE HEIGHTS, MN 55077 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DAN OSTENDORF

S

04/13/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date